

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589496

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2			1		1			52					
3			1		1			53					
4			1		1			54					
5			3		1			55					
6			3		1			56					
7			3		1			57					
8			3		1			58					
9			3		1			59					
10			3		1			60					
11			3		1			61					
12			3		1			62					
13			3		1			63					
14			3		1			64					
15			3		1			65					
16			3		1			66					
17			3		1			67					
18			3		1			68					
19			3		1			69					
20			3		1			70					
21								71					
22								72					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			1		1								
TOTAL DEP.			19		19								
TOTAL CLAIMS			20		20								